GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3889
ANSWERED ON:24.03.2017
Health Sector
Adsul Shri Anandrao ;Munde Dr.Pritam Gopinath;Patil Shri Shivaji Adhalrao;Raut Shri Vinayak Bhaurao;Shewale Shri Rahul Ramesh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether rural areas don't have health infrastructure at par with the urban areas leading to higher child and maternal mortality rates there and if so, the reasons therefor;

(b) whether there is a brand culture in medicines, where a few companies monopolise the market, by bribing the contractors, while the cheaper versions of the same medicine are not promoted;

(c) if so, the details thereof and the reaction of the Government thereon;

(d) whether there is a need to give health sector an equal priority, as compared to other infrastructural projects and if so, the action taken by the Union Government in this regard; and

(e) whether there is a need to strengthen regulatory mechanism to oversee quality of health service provision, in both public and private sector and if so, the steps taken by the Union Government in this regard?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): The health indicators of rural areas in terms of Infant Mortality Rate (IMR), Total Fertility Rate (TFR), under 5 Mortality Rate (U5MR) and availability of beds are considerably poor compared to urban areas. As per the National Health Profile 2016 of Central Bureau of Health Intelligence, there are 216793 beds in rural hospitals and 537931 beds in urban hospitals in the public sectors. This indicates that people in rural areas lack adequate access to modern health facilities as compared to urban areas.

Public health being a State subject, the primary responsibility to ensure availability of adequate health infrastructure both in rural as well as urban areas lies with the State Governments. One key reason for lack of infrastructure is lack of availability of adequate doctors and specialists in the country and unwillingness on their part to work in rural areas. Historical underfunding in rural health infrastructure is another key reason.

(b) & (c): No such reports have been received by the Government.

(d): Hospitals including Medical Colleges, Para Medical Training institutes and Diagnostics Centres are already included under Social and Commercial infrastructure category of Harmonized Master list of infrastructure Sub-sectors.

(e): Public health and hospitals being a State subject, it is the responsibility of States to establish a regulatory mechanism to oversee quality of health service provisions in the public and private sector. However, the Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010 with the objective of registration and regulation of health care institutions so that the States may adopt it as appropriate. 10 States and 6 UTs have adopted the Clinical Establishment Act.

Under NHM, support to States is being provided to operationalize the Clinical Establishment Act.